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NUTRITION PROGRAM NEWS

U. S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

MARCH-APRIL 1968

Nutrition Education-in-Action: Home Health Care Agencies

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Nutrition educators throughout the country have evidenced interest in the potential of Federal programs for helping people improve their nutritional health. There are action programs with a nutritional component to help people of all ages—Maternal and Child Health, School Lunch, Food Stamp, and Medicare, to name but a few.

In this issue of NPN we report on nutrition education in home health care, including the Federal health insurance program for the aged—Medicare, and describe the work in selected home health agencies.

THE NUTRITIONAL COMPONENT

The Medicare program pays for health services in—

1. Hospitals for the acutely ill.
2. Extended care facilities for the convalescing patient.
3. The individual's home on a visiting basis for the patient who continues to need care.

The acutely ill patient and the convalescing patient are cared for in institutions where food is provided under the supervision or with the consultation of a trained dietitian. Except for dietary instruction at the time of release, the patient is often too ill to be given or to make use of nutrition education.

When he is released, however, either the patient or his family must take the responsibility for understanding, selecting, and preparing an appropriate diet. The home, then, is a setting for nutrition education. The responsibility for home visits to patients in Medicare is delegated to a home health agency. The nutrition message is usually carried by a public health nurse or a home health aide,

We are indebted to Miss Geraldine Piper, Nutrition Consultant, Home Health and Related Services Branch, Division of Medical Care Administration, Public Health Service, for help in preparing this issue. We also wish to thank Albert W. Heffner, Jr., Professional Relations Advisor, Bureau of Health Insurance (Medicare), Social Security Administration, for comments.

under the supervision of a physician or a nurse. The nutrition service is provided with consultation and guidance from a nutritionist.

Eligible agencies

There are a number of community agencies that might be eligible for participation as home health agencies under Medicare. Following are some examples:

Visiting nurse association.

Subdivision of a local or State health department.

Combination visiting nurse association—Health Department Agency.

Subdivision of a local or State welfare department offering home health services.

Department of a hospital, medical school, medical clinic, extended care facility or rehabilitation facility offering home health services.

Conditions of participation

Any group wishing to qualify as a home health agency must meet specific conditions of participation required by law. Other necessary policy regulations are set by the Secretary of the Department of Health, Education, and Welfare.

The primary function of the home health agency is the provision of skilled nursing services and at least one other therapeutic service, on a visiting basis, in a place of residence used as the individual's home. Other therapeutic services include physical, speech, or occupational therapy; medical social services; or home health aide services. The home health aide service is where the greatest potential for nutrition education lies.

The conditions of participation also include provision for—

1. Professional supervision of the patient's plan of treatment.
2. Consultant help of specialists of therapeutic services other than skilled nursing care.
3. Development of personnel policies.

4. Evaluation of patient progress and the overall program.
5. Licensure in areas where State or local law provides for licensing of agencies of this nature.

CITY HEALTH DEPARTMENT PROGRAM

Nutrition service included

In the District of Columbia, the Home Care Services Division of the Department of Public Health is the city's home health agency. Medical care and paramedical services are given to about 400 chronically ill, Medicare, and medically indigent patients. These services are provided by a multidisciplinary staff of about 25 professionals and 14 home health aides.

In addition to the basic medical care team provided by physicians, nurses, and social workers, other services include physical and occupational therapy, speech pathology, and nutrition. A nurse who is a health aide supervisor directs the services of the home health aides.

Nutrition's goal

The long-range goal of the nutrition component of this program is to help each patient achieve and maintain the highest possible level of nutritional health through a diet adapted to meet his particular needs within his resources.

The nutritionist acts in a consultant capacity. She gives direct service only as needed with complex problems. In those instances when a joint visit would be indicated, the nutritionist will continue in a consultant capacity with the nutrition education of the nurse or home health aides as her primary function. In other words, under Medicare, her services are reimbursed for her role as a teacher, not for direct help to the patient.

Each physician in the program gives medical supervision to about 60 patients and meets with the home health care team weekly to discuss patient progress and treatment plans. The nutritionist participates in these team conferences. She gets a comprehensive picture of the patient's problems and what other specialists are providing for him. She often finds an opportunity for alerting all team members to some basic facts about food and nutrition.

Difficult diet problems

The nutritionist participates with other team members in individual case conferences on particularly difficult situations. These often serve a twofold purpose. The nutritionist gets information about the patient and his food problems that she needs to plan realistic dietary regimens. In reviewing the dietary plan with the team members who work with the patient, she has an opportunity to clear up misconceptions about foods and nutrition. She may be especially helpful in interpreting nutrition information for the home health aide.

For example, one aide was surprised to learn that adding a glass of milk and some fruit to the frequently chosen coffee and doughnut would provide a fairly good breakfast. The nutritionist later observed the aide making similar choices for herself.

Nutrition training for aides

The conditions of participation require that home health aides be trained in the areas of care in which they are to function. In the District of Columbia, the initial training includes about 30 hours of practical nutrition, food purchasing, and meal preparation.

Later, each aide observes as the nutritionist counsels patients in their homes. Buying practices, methods of cooking, and amounts of food bought are discussed as a part of teaching both normal and therapeutic nutrition.

In-service sessions provide a means of adding depth to the aide's knowledge of food and nutrition. For example, instructions about diabetic diets help aides in fulfilling the plans of treatment for specific patients.

Home care services in the District of Columbia are also available to patients in Personal Care Homes—facilities licensed to give semiskilled nursing care to four or less patients. Counseling patients in such situations often means assisting the operator with dietary management, food purchasing, storage and preparation.

Nutritionists in the Home Care Services of the D.C. Department of Health have said that the program is a constant challenge to provide ongoing activities in nutrition education.

COUNTY HEALTH DEPARTMENT PROGRAM

The Guilford County, North Carolina, Home Care Program was started in 1962 as a pilot study under the Guilford County Chronic Illness and Rehabilitation Foundation. But it was not until March of 1966—after the Federal program was established—that homemakers came to the County Health Department to serve as home health aides. These full-time employees work under a nursing supervisor.

Role of the nutrition consultant

The nutritionist works with the Home Care Program in much the same ways as described in the District of Columbia program. She, too, finds the team conferences a means of learning about the patient and his dietary needs and an opportunity to teach practical nutrition to the health team, including the home health aides.

This nutritionist holds group conferences with aides on special problems. She discusses food selection, preparation, and serving; modifications of the normal diet for specific disease conditions; the meaning of food. She gives tips for

family members about food costs and time in preparation; eating with the patient; helping the patient select or plan simple meals for himself; helping the patient prepare simple foods for himself; making food easy to eat; and other practical helps in achieving an adequate diet.

Conferences to coordinate services are held by the nutritionist, the case worker, and the home economist or homemaker aide from the Welfare Department when the patient's family is receiving federally donated food. Sometimes, all workers cooperate to encourage the patient's family to apply for this help.

Short course for dietitians

A short course was given for members of the North Carolina Dietetic Association who were interested in providing consultation on a regular full- or part-time basis to hospitals, extended care facilities, or home health agencies. The nutritionist of Guilford County Home Care Program participated in this course with other members of the health team. The professional health workers explained how comprehensive health care is provided to patients in their homes to meet their needs.

Needs

The nutritionist feels that more educational materials about foods and nutrition are needed. She has suggested that materials be prepared for Guilford County jointly by the staff of the medical, nursing, and dietary departments of the four hospitals. She thinks a portable meals program—which is not a reimbursable cost under Medicare—would be a great asset to the home care effort.

Like the nutritionists in the District of Columbia program, she finds home care a challenge—apparently no progress with some patients, a little progress with others, and amazingly gratifying results with still others.

HOSPITAL'S HOME CARE PROGRAM

King County Hospital, Seattle, Wash., has had a home care program for a number of years. It meets the conditions of participation of the Federal health insurance program for the aged, although its organization is slightly different from those already described. The Hospital Extension Service provides comprehensive care to selected patients at home.

The philosophy of home care at King County Hospital is—

1. Families can and will assume much of the responsibility for their own sick member if they are helped to do so.
2. Most patients improve faster and more satisfactorily in their own homes among familiar surroundings.
3. Families are entitled to the satisfaction derived from helping their own.

Hospital services at home

The Hospital Extension Service is hospital based. It provides 14 services of the hospital in the management of a patient with an illness or disability at home under the supervision of a physician.

The home care staff—made up of physician, nurse, physical therapist, social worker, occupational therapist, and dietitian—meets weekly to discuss and evaluate patient progress, to accept new patients, and to discharge those who have reached preestablished goals.

Role of the dietitian

The dietitian visits each home care patient for whom the physician has ordered a modification of the normal diet—or about 9 out of every 10 home care patients.

During the initial visit, the dietitian evaluates the patient's cooking facilities, grocery shopping resources, ability to prepare food, and present food intake. Food intake is evaluated for nutritional adequacy. Some patients lack refrigeration, cook on a hot plate, or have no cooking facilities at all. Many patients must depend on friends and neighbors or a delivery service for grocery shopping.

Following the evaluation, the dietitian instructs the patient, his family, or both on the diet that has been prescribed. A follow-up visit is made within 2 weeks to answer questions, review the diet, and make additional suggestions. Other visits are made as needed to find a realistic diet pattern for the patient. This is complicated by the fact that home care patients—as a group—have many physical problems, limited finances, and frequently little or no motivation to follow a diet regimen.

Home-delivered meals

Home delivery of meals is specifically excluded as a Medicare-covered service. However, the King County Hospital Program has been a leader in its recognition of the therapeutic value of such service. Therapeutic meals from the Hospital Extension Service are available on a temporary basis to the home care patient when the need is demonstrated. Meals may be delivered for the following reasons:

1. To demonstrate a specific dietary modification as part of the diet instruction provided for the patient and his family.
2. To support medical treatment that might otherwise require hospitalization or institutionalization of the patient.
3. To provide food to a patient who is limited by his mental or physical condition or by his environment—inadequate cooking facilities, inadequate grocery shopping, or inability to prepare food.

The meals delivered from the hospital are designed to meet two-thirds of the Recommended Dietary Allowances

(NRC-NAS-1963). The home-delivered meals program—separate from the insurance program—operates 7 days per week and serves about 40 people per day, using salaried personnel.

While the patient is receiving home-delivered meals, the dietitian visits regularly to learn how well he is accepting his diet and how well he understands his diet. She makes advanced plans for the termination of home-delivered meals. Meal delivery is stopped when a patient is able to prepare his own meals, learns his therapeutic diet, or makes a change in his living arrangements.

Other consultation

Frequently the nurse or another home care team member refers a patient who is not on a therapeutic diet to the dietitian. The patient may be having problems with meal planning or use of federally donated foods.

The dietitian discusses therapeutic diets and their place in the total care of the patient. She acts as a resource person for the home care staff, particularly when problem situations arise relating to food and nutrition.

Dietetic interns in home care

The home care program is a learning experience in community nutrition for the dietetic interns in the Seattle Internship for Hospital Dietitians. Each intern is assigned to the home care program for 2 weeks.

She observes meal delivery, visits patients with the home care dietitian, and then visits and instructs patients herself.

PROGRAM POTENTIAL FOR NUTRITION EDUCATION

The shortage of professionally trained nutritionists to work with individuals and families who need help to achieve and maintain desirable levels of nutritional health is so acute that some means of extending their work must be adopted. The reimbursement policy of the Medicare program limits the type of service that nutritionists can provide to patients; however, these services can be rendered through the visiting nurse and the home health aide.

Training of home health aides

This health insurance program for the aged provides, on a nationwide basis, for the employment of home health aides. Under professional supervision, aides are trained to give the information and services related to food and nutrition needed by the patient confined to his home.

Home health aides working in home health care agencies can give realistic food and nutrition information to a segment of the population that has been traditionally difficult to reach. These home health aides can become excellent couriers of up-to-date nutrition information after initial training by the nutritionist. She continues to give them consultant help and supervision.

As of December 1967, less than a fourth of the home health agencies had a nutrition consultant on their home health team of professionals. The potential for nutrition education can be approached only when all personnel of the home health agency recognize—

1. Food and nutrition problems can seriously deter the patient's progress whether or not he requires a therapeutic diet.
2. No one can handle these problems as competently as a trained nutrition consultant.

Work with professional team

The nutrition consultant on the home health team has an opportunity to discuss and to help evaluate the total health needs of the patient. She applies her knowledge of sound nutrition to his immediate food and nutrition problems. She also can prevent patient confusion by alerting other team members to sound interpretations of nutrition research and to the interpretation of new nutrition information as it is established. The need for a nutrition consultant on home health teams is immediate and ongoing.

Direct services

When complex food and nutrition problems appear, as they often do among the aged, the availability of a nutrition consultant has a direct effect on the care provided the patient in his home. The nutritionist is able to demonstrate, in a real situation, several approaches to diet counseling.

IN CONCLUSION

Health insurance for the aged is a nationwide program that has a great potential for providing needed foods and nutrition education to a population group that is increasing in size.

The potential cannot be realized at the present time because nutrition consultants are used by only a small proportion of the home health agencies.

Members of the foods and nutrition professions can help by demonstrating the importance of the nutrition consultant to administrators of home health agencies whenever the opportunity arises.